## **CLAIMS ONLY**

SERIAL NO. | FILING DATE | OH 23-01 | APPLICANT(S)

CLAIMS

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DEP.	32				<u></u>		TOTAL DEP.						
TOTAL CLAIMS	34	**		44 E.L.		# . S	TOTAL CLAIMS				- 74		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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